Approved, SCAO JIS CODE: ASP

STATE OF MICHIGAN

JUDICIAL CIRCUIT - FAMILY DIVISION

COUNTY

AFFIDAVIT OF SERVICE PERFORMED BY LAWYER-GUARDIAN AD LITEM

CASE NO. PETITION NO.

COUNTY		RDIANADLITEM	
Court address			Court telephone no
In the matter of (name(s), alias(es), DOB)			
Laffirm:			
I have met with and observed the cl sheet if more space is needed	ild before every proceed	ding or hearing as follows:	Specify when and where. Attach a separate
3. I have reviewed the agency case file			
4. Consistent with the Michigan Rules care providers, and case workers.	f Professional Conduct,	I have consulted with the	child's parents and/or guardians, foster
☐ 5. I am a substitute for the appointed guardian ad litem his/her visit with guardians, foster care providers a	the child, review of the		scussed with the appointed lawyer discussions with the child's parents,
I understand that I will be paid for the se hearing.	rvices performed only if I	have met with and observ	red the child before every proceeding o
Affiant signature		Address	
Affiant name (type or print)		City, state, zip	Telephone no
Subscribed and sworn to before me on	Date , _		County, Michigan
My commission expires:		Deputy clerk/Register/Notary	public
NOTE: In order to receive payment, this a Payment of Court Appointed Representa		and attached to Form MC 22	21, Statement of Service and Order for
		Do not write below this lin	e - For court use only